



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Professions Licensure
Board of Registration in Nursing

239 Causeway Street, Suite 500 Boston, MA 02114

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VIA U.S. FIRST CLASS CERTIFIED MAIL # 7014 0510 0001 0375 1766
RETURN RECEIPT REQUESTED

May 27, 2015

Katharine Pacella, Esq.
Egan, Flanagan and Cohen, P.C.
67 Market Street P.O. Box 9035
Springfield, MA 01102

RE: In the Matter of Andrea B. Aberdale
License No. RN204135
Docket No. NUR-2014-0069

Dear Attorney Pacella,

Enclosed for your client's records, please find a signed copy of the Consent Agreement for Probation ("Agreement") in resolution of the above-referenced complaint.

The effective date of the Agreement is May 27, 2015. As of the effective date, Ms. Aberdale's nursing license was placed on probation. The Agreement will remain in effect until Ms. Aberdale fulfills all of its conditions and the Board informs her, in writing, that the probation has ended. It is Ms. Aberdale's responsibility to ensure that the Board receives all required documentation and information in a timely manner.

Karen Fishman is the Probation Monitor. She is responsible for monitoring compliance with probation agreements. All correspondences related to Ms. Aberdale's probation should be mailed to Karen Fishman at the address below.

Ms. Aberdale's supervisor must complete and submit the attached forms as required by the Agreement. If Ms. Aberdale is not presently employed in a nursing position, she must notify the Probation Monitor in writing within thirty (30) days of the effective date of the Agreement. In

addition, Ms. Aberdale must notify the Probation Monitor, in writing, of any status changes in accordance with the Agreement.

Karen Fishman
Probation Monitor
Division of Health Professions Licensure
239 Causeway Street, Suite 500
Boston, MA 02114

Ms. Aberdale may contact Karen Fishman at (617) 973-0951 if she has any questions about probation.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Olajumoke Atueyi', is written over the printed name.

Olajumoke Atueyi, Esq.
Board Counsel
Board of Registration in Nursing



I do hereby certify the foregoing to be a true and
certified copy of the document on file with the
Massachusetts Board of Registration in Nursing.

Authr

Authorized Signature

5/28/15

Date

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY

BOARD OF REGISTRATION
IN NURSING

In the Matter of
Andrea B. Aberdale
License No. RN204135
Expire 08/26/16

Docket No. NUR-2014-0069

CONSENT AGREEMENT FOR PROBATION

The Massachusetts Board of Registration in Nursing (Board) and Andrea B. Aberdale (Licensee), a Registered Nurse (RN) licensed by the Board, License No. RN204135 do hereby stipulate and agree that the following information shall be entered into and become a permanent part of the Licensee's record maintained by the Board:

1. The Licensee acknowledges that a complaint has been filed with the Board against her Massachusetts Registered Nurse license (license¹) related to the conduct set forth in paragraph 2, identified as Docket No. NUR-2014-0069 (Complaint).
2. The Licensee admits that while employed as a Registered Nurse at Excella Home HealthCare in Amesbury, MA on or about January 14, 2014 and January 16, 2014, she submitted false documentation stating that she visited homecare patients and performed clinical status assessments. The Licensee acknowledges that her conduct constitutes failure to comply with the Board's Standards of Conduct at 244 Code of Massachusetts Regulations (CMR) 9.03(5), (15), (31), (44), (47) and warrants disciplinary action by the Board under Massachusetts General Laws (G.L.) Chapter 112, section 61 and Board regulations at 244 CMR 7.04, Disciplinary Actions.

¹ The term "license" applies to both a current license and the right to renew an expired license.

3. The Licensee agrees that her nursing license shall be placed on **PROBATION** for no less than one (1) year (Probationary Period), commencing with the date on which the Board signs this Agreement (Effective Date).
4. During the Probationary Period, the Licensee further agrees that she shall comply with all of the following requirements to the Board's satisfaction:
 - a. Comply with all laws and regulations governing the practice of nursing, and not engage in any continued or further conduct such as that set forth in Paragraph 2.
 - b. Notify the Board in writing within ten (10) days of each change in her name and/or address.
 - c. Timely renew her license to practice nursing.
 - d. Maintain active employment in a position that requires a nursing license, in a setting where the Licensee receives consistent, on-site supervision by a qualified licensed nurse², for a minimum average of twenty (20) hours per week throughout the Probationary Period. The Licensee may not accept any home care, travel or temporary staffing assignment, or other practice assignment where consistent, on-site supervision is not in place.
 - i. Within 30 days of the Effective Date, the Licensee shall notify the Board's Probation Monitor in writing if the Licensee is not employed in accordance with paragraph 4d.
 - e. Review this Agreement with each of her nursing supervisors, and arrange for each nursing supervisor to submit directly to the Board:
 - i. a completed and signed "Supervisor Verification Form" (**Form 1**), provided with this Agreement, within thirty (30) days of
 - (1) the Effective Date *and*
 - (2) any subsequent employment commenced during the Probationary Period
 - ii. *quarterly* written reports³, using the "Supervision Report Form" (**Form 2**) provided with this Agreement attesting to the quality of the Licensee's nursing practice, reliability and attendance.

² The Licensee must receive direct supervision from a licensed nurse who must have at least one (1) year of clinical nursing practice experience, no open complaints, no past discipline of the nurse's license, and who is physically located at all times in each facility in which the Licensee practices nursing.

³ The Licensee is responsible for ensuring that these reports on the required form are received by the Board commencing ninety (90) days after the Effective Date and on the first day of every third month thereafter.

- f. Notify the Board's Probation Monitor in writing within ten (10) days of any change in the Licensee's employment status, including each change in Employer, each resignation or termination, and the name, address and telephone number of each new Employer.
- g. Submit documentation that she has successfully completed the following continuing education⁴ within sixty (60) days after the Effective Date.
 - i. Six (6) contact hours on Documentation in Nursing Practice.
 - ii. Six (6) contact hours on Legal and Ethical Aspects of Nursing.
 - iii. Three (3) contact hours on Critical Thinking and Judgment in Nursing practice.
 - iv. Thirty (30) contact hours of continuing education that was required for renewal for her RN license for her past two license renewal periods (August 2010 through August 2012 and August 2012 through August 2014).
- 5. The Board agrees that in return for the Licensee's execution and successful compliance with all the requirements of this Agreement it will not prosecute the Complaint.
- 6. If the Licensee has complied to the Board's satisfaction with all the requirements contained in this Agreement, the Probationary Period will terminate one (1) year after the Effective Date upon written notice to the Licensee from the Board⁵.
- 7. If the Licensee does not comply with each requirement of this Agreement, or if the Board opens a Subsequent Complaint⁶ during the Probationary Period, the Licensee agrees to the following:
 - a. The Board may upon written notice to the Licensee, as warranted to protect the public health, safety, or welfare:
 - i. EXTEND the Probationary Period; and/or
 - ii. MODIFY the Probation Agreement requirements; and/or

⁴ These continuing education courses must be *in addition to* any contact hours required for license renewal. They may be taken as home study or as correspondence course, *provided that* they meet the requirements of Board Regulations at 244 CMR 5.00, Continuing Education.

⁵ In all instances where this Agreement specifies written notice to the Licensee from the Board, such notice shall be sent to the Licensee's address of record.

⁶ The term "Subsequent Complaint" applies to a complaint opened after the Effective Date, which (1) alleges that the Licensee engaged in conduct that violates Board statutes or regulations, and (2) is substantiated by evidence, as determined following the complaint investigation during which the Licensee shall have an opportunity to respond.

- iii. IMMEDIATELY SUSPEND the Licensee's nursing license.
- b. If the Board suspends the Licensee's nursing license pursuant to Paragraph 7(a)(iii), the suspension shall remain in effect until:
 - i. the Board gives the Licensee written notice that the Probationary Period is to be resumed and under what terms; or
 - ii. the Board and the Licensee sign a subsequent agreement; or
 - iii. the Board issues a written final decision and order following adjudication of the allegations (1) of noncompliance with this Agreement, and/ or (2) contained in the Subsequent Complaint.
- 8. The Licensee agrees that if the Board suspends her nursing license in accordance with Paragraph 7, she will immediately return her current Massachusetts license to practice as a Registered Nurse to the Board, by hand or certified mail. The Licensee further agrees that upon said suspension, she will no longer be authorized to engage in the practice of nursing in the Commonwealth of Massachusetts and shall not in any way represent herself as a Registered Nurse until such time as the Board reinstates her nursing license or right to renew such license⁷.
- 9. The Licensee understands that she has a right to formal adjudicatory hearing concerning the Complaint and that during said adjudication she would possess the right to confront and cross-examine witnesses, to call witnesses, to present evidence, to testify on her own behalf, to contest the allegations, to present oral argument, to appeal to the courts, and all other rights as set forth in the Massachusetts Administrative Procedures Act, G. L. c. 30A, and the Standard Adjudicatory Rules of Practice and Procedure, 801 CMR 1.01 *et seq.* The Licensee further understands that by executing this Agreement she is knowingly and voluntarily waiving her right to a formal adjudication of the Complaints.
- 10. The Licensee acknowledges that she has been represented by an attorney in connection with the Complaint and this Agreement.
- 11. The Licensee acknowledges that after the Effective Date, the Agreement constitutes a public record of disciplinary action by the Board. The Board may forward a copy of this Agreement to other licensing boards, law enforcement entities, and other individuals or entities as required or permitted by law.

⁷ Any evidence of unlicensed practice or misrepresentation as a Registered Nurse after the Board has notified the Licensee of her license suspension shall be grounds for further disciplinary action by the Board and the Board's referral of the matter to the appropriate law enforcement authorities for prosecution, as set forth in G.L. c. 112, §§ 65 and 80.

12. The Licensee certifies that she has read this Agreement. The Licensee understands and agrees that entering into this Agreement is a voluntary and final act and not subject to reconsideration, appeal or judicial review.

Andrea B. Aberdale 5/20/15
Andrea B. Aberdale (sign and date)

Kathanne A. Pacella
Witness Print

Kathanne A. Pacella 5/20/15
Witness (sign and date)

Rula Harb / VAB
Rula Harb, MSN, RN
Executive Director
Board of Registration in Nursing

5.27.15
Effective Date of Surrender Agreement

Fully Signed Agreement Sent to Licensee on 5/27/15 by Certified

Mail No. 7014 0510 6661 0375 1766



Commonwealth of Massachusetts
Department of Public Health
Division of Health Professions Licensure
Board of Registration in Nursing
239 Causeway Street • Boston, Massachusetts 02114

**SUPERVISOR VERIFICATION, AND AGREEMENT TO
MONITOR PRACTICE AND PROVIDE PERIODIC REPORTS
TO THE BOARD OF REGISTRATION IN NURSING**

Name of Nurse on Probation _____

License Type and No. _____ Docket No(s). _____

Effective Date of the Probation Agreement or Order: _____

Length of Probation (specified in Agreement or Order): _____

Nurse's Date of Employment: _____ Nurse's Job Title: _____

Employer Name and Address: _____

I, _____ (print supervisor's full name) on _____ (insert date) reviewed a signed copy of the Probation Agreement (Agreement) or Order between _____ (insert nurse's name) and the Board of Registration in Nursing (Board). I hereby agree that I will monitor and evaluate this nurse's practice as specified in the Agreement or Order, and will provide written reports to the Board on the Supervision Report form provided by the Board at the intervals required by the Agreement or Order.

I also agree to promptly notify the Board's Probation Monitor if the nurse resigns or is terminated from employment.

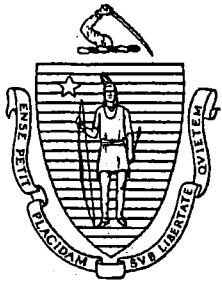
I further certify that I am a RN / LPN (circle one), have completed at least one (1) year of clinical nursing practice, and that I do not have any open administrative or criminal complaint, or any prior license discipline by any Board of Nursing.

SUPERVISOR'S SIGNATURE _____ Date: _____

(Print/Type: Name and Title of Supervisor completing this form)

Supervisor's License Type and No.: _____ Supervisor Phone No.: _____

PLEASE NOTE CAREFULLY: This completed form must be mailed *with* the supervisor's signed cover letter written on the facility's letterhead directly to: Probation Monitor
DPH – DHPL, Board of Registration in Nursing
239 Causeway Street, 5th Floor
Boston, MA 02114



Commonwealth of Massachusetts
Department of Public Health
Division of Health Professions Licensure
Board of Registration in Nursing
239 Causeway Street • Boston, Massachusetts 02114
**SUPERVISION REPORT FOR NURSES ON PROBATION
WITH THE BOARD OF REGISTRATION IN NURSING**

(Please review the nurse's Probation Agreement or Order and complete this evaluation of the nurse's practice)

Nurse's Name: _____ Docket No.: _____

License Type and No.: _____ Expiration Date _____

Nurse's Job Title: _____

Employer Name and Address: _____

Time period covered by this supervision report: Start Date: _____ to End Date: _____

Rate the following and explain any "Does Not Meet"/"Needs Improvement" ratings (use the "Comments" column and if needed the back of this form or include on supervisor's signed cover letter on facility letterhead).

Quality being rated	Does Not Meet	Needs Improvement	Meets	Comments
Organizes and plans work effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Completes assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Works as a team member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communicates effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seeks guidance and supervision appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interacts with patients in a therapeutic manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates problem solving ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Manages stressful situations appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Makes timely and appropriate nursing assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Makes appropriate nursing interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Delegates nursing care activities appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Removes, handles, wastes, and accounts for the whereabouts of, medications appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Documents controlled substances and medication administrations accurately and completely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Documents nursing care and interventions accurately and completely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other practice skill(s) specified by Probation Agreement or Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**SUPERVISION REPORT FOR NURSES ON PROBATION WITH
THE BOARD OF REGISTRATION IN NURSING (continued)**

The nurse HAS ☐ HAS NOT ☐ (please choose one and do not leave any blanks) worked an average of at least twenty (20) hours per week during the time period covered by this report.

SUPERVISION

How frequently is the nurse supervised? _____

How is supervision provided? _____

Have there been any incidents involving the nurse requiring counseling, conference, oral/written warnings since last report? If yes, please explain and attach copies of all relevant documents.

How often are the nurse's patient records reviewed? _____

Does this nurse have any other nursing practice issues? Explain. _____

ADDITIONAL COMMENTS are appreciated

(If needed, please use the back of this form or include on supervisor's signed cover letter on facility letterhead)

Please call the Probation Monitor at (617)973-0951 (alternate #: 617-973-0828) to discuss any concerns or for clarification regarding the nurse's probation.

SUPERVISOR'S SIGNATURE: _____ DATE SIGNED _____

(Print/Type: Name and Title of Supervisor completing this form)

Supervisor's License Type and No.: _____ Supervisor Phone No.: _____

PLEASE NOTE CAREFULLY:

This fully completed form must be mailed *with* the supervisor's signed cover letter written on the facility's letterhead directly to: Probation Monitor

DPH – DHPL, Board of Registration in Nursing
239 Causeway Street, 5th Floor
Boston, MA 02114